

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... Washington
City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 22 Years
Hospital, institution, or street address where death occurred:
408 Guilford Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Washington
City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 408 Guilford Ave.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

William H. Baker

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Anna Belle Baker

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1889

8. AGE: Years 59 Months 3 Days 10 If less than one day hrs. min.

9. Birthplace Waynesboro, Penna.
(Town, county, and state)

10. Usual occupation Retired R. R. Emp.

11. Industry or business

12. Name Abram L. Baker
13. Birthplace Franklin Co. Penna.

14. Maiden name Barbara L. King
15. Birthplace Washington Co. Md.

16. Informant Miss. Helen Baker
Address 408 Guilford Ave. Hagerstown, Md.

17. Burial Date thereof June 14, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery
Location Hagerstown, Maryland

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland

19. June 2, 48 Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-1-48 to 6-11-48 and that I last saw him alive on 6-8-48

Immediate cause of death

Due to Century Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. W. [Signature]

M. D. or other

Address Hagerstown, Md. Date signed 6/14/48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wm. Layman

6552

Reg. Dist. No. 304

1. PLACE OF DEATH:

County WashingtonCity or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 YearsHospital, institution, or street address where death occurred:
Pinesburg RoadHow long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)Street No. Pinesburg Road
(If rural, give LOCATION)2.(a) If veteran, name war. None

3. (a) FULL NAME

MRS ETHEL GRACE ROGERS BARKDOLL

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Eli Barkdoll7. Birth date of deceased (mo., day, yr.) November 3, 1898

8. AGE: Years Months Days If less than one day

49716hrs.min.9. Birthplace Winchester, Fredrick Co. Va.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Branon B. Rogers13. Birthplace Winchester, Va.14. Maiden name Daisy Shirly15. Birthplace Winchester, Va.16. Informant Eli N. BarkdollAddress Williamsport Md.17. Burial Date thereof 6/22/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dunkard CemeteryLocation Broadfording Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. June 22 1948 Mrs E Lee M. Elroy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19. 19 48 at 8:10 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1948 to June 19 1948and that I last saw her alive on June 19 1948Immediate cause of death Carcinoma Ovaries.Due to Metastasis fromCarcinoma of sigmoid.Due to Secondary carcinomaOther conditions Secondary carcinoma

(Include pregnancy within 3 months of death)

Major findings of operation July 14 1947 - CarcinomaSigmoid (resected done) Date of op. March 10 1948Autopsy results Carcinoma Ovaries, Omentum

PHYSICIAN: Please underline the cause to which death should be charged statistically.

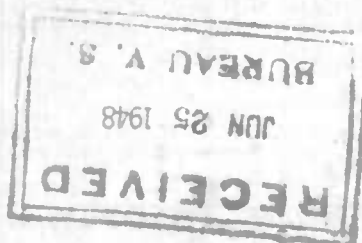
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury --- Injured at work?23. SIGNATURE W. J. Layman, MD. M. D. or otherAddress Hagerstown Md. Date signed June 22/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

179X

6553

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 months, 11 days
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 743 West Washington St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

DRU ARDELL BONEBRAKE

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) March 26, 1948

8. AGE: Years 0 Months 2 Days 11 It less than one day _____ hrs. _____ min.

9. Birthplace Hagerstown, Md.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Charles C. Bonebrake
 13. Birthplace Hagerstown, Md.

14. Maiden name Mary Jane Lumm
 15. Birthplace Hagerstown, Md.

16. Informant Charles C. Bonebrake
 Address 743 W. Washington St.

17. Burial Date thereof 6/8/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
Rose Hill Cemetery
 Cemetery or crematory
 Location Hagerstown, Md.

18. Funeral director W. T. Norment
 Address Hagerstown, Md.

19. June 7, 48 (Date rec'd by registrar)
 Registrar

MEDICAL CERTIFICATION
June 7'48 EDT

20. DATE OF DEATH June 7'48 at 9:25 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____,

and that I last saw him _____ alive on _____ 19_____,

Immediate cause of death _____ DURATION

acute camphorated oil 38hrs
 Due to poisoning

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results as above Date of op. June 7'48
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide accident Date of June 5'48
 Where did injury occur? Hagerstown, Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home
given camp. oil-mistake for Castor
 Means of injury _____ Injured at work?

23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAM.
Hagerstown, Md. June 7'48
 Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... WashingtonCity or town... Stagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Barlock Convalescent Home

How long in hospital or institution?

1 1/2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Pa County... FayetteCity or town... Cornellville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ETHEL R. BUCKINGHAM

3. (b) Social Security Number

4. Sex

F

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

May 15, 1880

8. AGE:

Years

68

Months

3

Days

14

If less than one day

..... hrs. min.

9. Birthplace

Cornellville

(Town, county, and state)

10. Usual occupation

Clerk

11. Industry or business

Government

12. Name

Charles R. Buckingham

13. Birthplace

Pa

14. Maiden name

Emma S. Haines

15. Birthplace

Pa

16. Informant

Dr Charles Buckingham

Address

Morris, Pa

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 2, 1948

Cemetery or crematory

Chestnut Hill

Location

Cornellville, Pa

18. Funeral director

A.E. Minnich

Address

Greencastle, Pa

19.

(Date rec'd by registrar)

June 29, 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 29, 1948 at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1947 to June 29, 1948and that I last saw him alive on July 23, 1948

Immediate cause of death

Myocardial infarction -
coronary disease

Due to

E. Nephritis

Due to

Cerebral, Grand. Left

Other conditions

Nephritis

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. H. Haysman, M.D.

M. D. or other

Address

Hagerstown, MdDate signed 29 June 48

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Wm Layman
Professor and
art. Med.

RECEIVED
JUL 1 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

6555

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long is above place of death? life
 Hospital, institution, or street address where death occurred:
33 North Foundry Street
 How long is hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 7 North Foundry Street
 (If rural, give LOCATION)
 2.(a) if veteran, name war

3. (a) FULL NAME

Samuel H. Churchey

3. (b) Social Security Number

217-10-2581

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) June 13, 1903
 8. AGE: Years 45 Months 0 Days 2 If less than one day
hrs.min.

9. Birthplace Keedysville, Wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business

12. Name John L. Churchey
 13. Birthplace Keedysville, Maryland
 14. Maiden name Irene Kendall
 15. Birthplace Keedysville, Maryland

16. Informant Mrs. Helen Russell
 Address Hagerstown, Maryland
 17. Burial Benevola Cemetery Date thereof 6-17-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Benevola, Maryland
 Location Benevola, Maryland

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. June 16, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION ABOUT E.D.

20. DATE OF DEATH June 15, 1948 at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19....., to19.....

and that I last saw him alive on19.....

Immediate cause of death..... DURATION

vascular hypertension

Due to myocarditis (syphilitic) ?

Due to coronary occlusion, acute

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

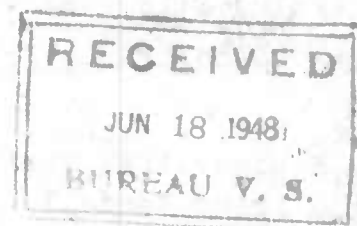
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAM.

Address Hagerstown, Md. WASH. CO., MD.

.....Date signed June 15, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6556

93d

Reg. Dist. No. 301

1. PLACE OF DEATH:

County Washington
 City or town Rural - Downsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
Williamsport Route #1
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Rural - Williamsport, Route #1,
Downsville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war non-veteran

3. (a) FULL NAME

WILLOUGHBY DANIEL COFFMAN

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Ella (Hoffman) Coffman
 6. (c) If alive, give age 75 years
 7. Birth date of deceased (mo., day, yr.) November 26, 1857
 8. AGE: Years 90 Months 7 Days 10 It less than one day _____ hrs. _____ min.

9. Birthplace Sharpsburg, Md.
 (Town, county, and state)
 10. Usual occupation Retired Telegraph Operator Railroad
 11. Industry or business _____

12. Name David Coffman
 13. Birthplace Maryland
 14. Maiden name Ruth C. Hammond
 15. Birthplace Maryland
 16. Informant Mrs. W. H. Coffman
 Address Williamsport Md. Route 1
 17. Burial Date thereof 6/9/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Fairview Cemetery
 Location Keedysville, Wash. Co., Md.
 18. Funeral director W. T. Norment
 Address Hagerstown, Md.
 19. 6/8/48 19 Mrs. E. J. McElroy
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1948 at 5:25 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1948 to June 6 1948
 and that I last saw him alive on June 5 1948
 Immediate cause of death _____ DURATION _____

Due to Myocardial Infarct 10 days
 Due to Arterio Sclerosis 5 years
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE W. H. Coffman M. D. or other _____
 Address Williamsport Md. Date signed 6/2/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town rural, Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 hoursHospital, institution, or street address where death occurred:
rural Rd. 4

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Georgia County BibbCity or town Macon
(If outside city or town limits, write RURAL and give nearest town)Street No. 315 Oakland Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Rufus A. Cooper

3. (b) Social Security Number

--

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Ellen Cooper6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) May 8, 18788. AGE: Years 70 Months 1 Days 3 It less than one day
.....hrs.min.9. Birthplace near Monroe, Madison Co., Ga.
(Town, county, and state)10. Usual occupation Minister
Baptist Church

11. Industry or business

12. Name unknown13. Birthplace unknown

14. Maiden name

15. Birthplace

16. Informant Mrs. Ellen Cooper
Address Macon, Georgia17. removal Date thereof 6-12-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Monroe, Georgia18. Funeral director Scott F. Minnich & Son
Address Hagerstown, Md.19. June 12, 1948 Registrar Charles H. Bowers

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION EDT

20. DATE OF DEATH June 11 19 48 at 1:30a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to19.....

and that I last saw h.....alive on19.....

Immediate cause of death Acute coronary occlusion 3d DURATIONDue to acute ventricular
fibrillationDue to arteriosclerotic coronary
heart disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations None

.....Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. P. Wells DEPUTY MEDICAL EXAM.Address Hagerstown, Md. WASH. CO., MD.Date signed 6/12/48

Address Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 15 1948.

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:

County Washington
 City or town Rural- St. James, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:
Fairplay, Md. RFD#1
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Rural- St. James, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Fairplay, Md. RFD# 1
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

Lessie Jane Corwell

3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
6.(b) Name of husband or wife <u>Jacob Cleveland Corwell</u>		
6.(c) If alive, give age <u>65</u> years		
7. Birth date of deceased (mo., day, yr.) <u>May 31, 1893</u>		
8. AGE: Years <u>55</u>	Months <u>0</u>	Days <u>9</u> hrs. min.
9. Birthplace <u>Luray, Page, Virginia.</u> (Town, county, and state)		
10. Usual occupation <u>Housewife</u>		
11. Industry or business <u>At Home</u>		
12. Name <u>Wilbur Skelton</u>		
13. Birthplace <u>Luray, Va.</u>		
14. Maiden name <u>Mary Bell Danes</u>		
15. Birthplace <u>Elkton, W.Va.</u>		
16. Informant <u>Jacob. C. Corwell</u> Address <u>Fairplay, Md. RFD#1</u>		
17. <u>Burial</u> Date thereof <u>June 13, 1948</u> (Burial, cremation, or removal. Which?) (month) (day) (year) <u>Rosehill Cem.</u> Cemetery or crematory Location <u>Hagerstown, Md.</u>		
18. Funeral director <u>Mrs. Edith V. Leaf</u> Address <u>Williamsport, Md.</u>		
19. <u>6/12/48</u> 19 <u>Mrs. E. Lee McElroy</u> (Date rec'd by registrar) Registrar		

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1948 at 10:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-25-48 19, to 6-9-48 19, and that I last saw him alive on 6-8-48 19.

Immediate cause of death Cerebral Hemorrhage DURATION 3 wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide, Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE A. M. Smith M. D. or other
Hagerstown, Md. Address Date signed 6/12/48

RECEIVED

JUN 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Yeager 6559

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 Weeks
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 113 South Locust St.
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

MRS MARY ELIZABETH DAVIS

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Joseph V.7. Birth date of deceased (mo., day, yr.) December 30, 1871

8. AGE: Years 76 Months 5 Days 15 If less than one day
 hrs. min.

9. Birthplace Maugansville, Washington Co., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home

FATHER 12. Name John Leckrone
 13. Birthplace Hagerstown Md.

MOTHER 14. Maiden name Fannie Kauffman
 15. Birthplace Lancaster Pa.

16. Informant Miss Alice Leckrone
 Address Hagerstown Md.

17. Burial Date thereof 6/17/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Washington Co., Md.

18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. June 17, 1948
 (Date rec'd by registrar) Registrar Blair Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1948 at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 8, 1935 to June 15, 1948
 and that I last saw him alive on June 14, 1948

Immediate cause of death Hypertensive crisis -
Vascular disease DURATION 13 yrs.

Due to Congestive Cardiac
Failure with Pulmonary
Edema May 25, 48
June 15, 1948

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? X (City or town) X (County) X (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or otherAddress Hagerstown Md. Date signed 6-15-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6560

302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Three Weeks

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? Three Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Fairplay, Md. R.F.D. #1
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Joseph Elmer Downs

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife Della Leshner Downs6. (c) If alive, give age 73yrs years7. Birth date of deceased (mo., day, yr.) OCTOBER 29, 18688. AGE: Years Months Days It less than one day
79 7 6 _____ hrs. _____ min.9. Birthplace Near Williamsport Wash. Maryland
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Farming12. Name Christopher Downs13. Birthplace Near Huetts, Md.14. Maiden name Rebecca Curfman15. Birthplace Near Huetts, Md.16. Informant James E. Downs
Andover, Mass.

Address _____

17. Burial Date thereof June 7, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Riverview Cemetery
Williamsport, Md.

Location _____

18. Funeral director Edith V. LeafAddress Williamsport, Md.19. June 7, 48 Charles H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948 at 6 A.M.21. I CERTIFY that death occurred on the date above stated, that I attended deceased from April 15 1948 to June 5 1948and that I last saw him alive on June 5 1948Immediate cause of death Intestinal Obstruction
Nephritis, Chronic

DURATION

10 days
2 mos.

Due to _____

Due to _____

Other conditions Autism Schizophrenia

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William H. Bowers M. D. or otherAddress Williamsport Md. Date signed 6/6/48

RECEIVED

JUN 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Kritzer

6561

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 Years
 Hospital, institution, or street address where death occurred:
315 N. Locust St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 315 N. Locust St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Roner Edward Downs

3. (b) Social Security Number

230-09-7429

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Martha J. Downs
 6.(c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) August 17, 1894
 8. AGE: Years 53 Months 10 Days 4 It less than one day
 hrs. min.

9. Birthplace Burkstown, Augusta Co., Va.
 (Town, county, and state)
 10. Usual occupation Platform Worker
 11. Industry or business Masser Motor Co.
 12. Name John H. Downs
 13. Birthplace Natural Bridge Va.
 14. Maiden name Sarah C. Shaver
 15. Birthplace Natural Bridge Va.

16. Informant Mrs Martha H. Downs
 Address Hagerstown Md.
 17. Burial Date thereof 6/23/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.
 18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.
 19. June 23, 48
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1948 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21, 1948 to June 21, 1948
 and that I last saw him alive on June 21, 1948

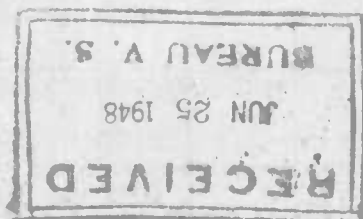
Immediate cause of death Coronary Heart disease
 DURATION Immediate
 Due to
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of Injury Injured at work?

23. SIGNATURE Harry P. Kritzer
 M. D. or other
 Address 201 Oak Hill Ave Date signed 6/22/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6562

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:

County WashingtonCity or town Rural- Williamsport
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 26 years

Hospital, institution, or street address where death occurred:

Williamsport, Md. RFD# 1

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Rural- Williamsport
(If outside city or town limits, write RURAL and give nearest town)Street No. Williamsport, RFD# 1
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

William Henry Eyler Sr.

3.(b) Social Security Number

214-16-0057

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Annie Gower Eyler6.(c) If alive, give age 60 years

7. Birth date of

deceased (mo., day, yr.)

Sept. 9, 1875

8. AGE:

Years

Months

Days

If less than one day

7294

hrs.

min.

9. Birthplace

Near Thurmont, Fredrick, Maryland

(Town, county, and state)

10. Usual occupation

Business Solicitor

11. Industry or business

Md. Transportation, Hagerstown

FATHER

12. Name

John Cyrus Eyler

13. Birthplace

Fredrick County, Maryland

MOTHER

14. Maiden name

Ceila Ann Harbaugh

15. Birthplace

Fredrick County, Maryland

16. Informant

Mrs. Annie Gower Eyler

Address

Williamsport, Md. RFD# 1

17.

BurialDate thereof June 16, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Manor Cemetery

Location

Near Tilghmanton, Md.

18. Funeral director

Edith V. Leaf

Address

Williamsport, Md.June 16 1948
(Date rec'd by registrar)Mrs. E. L. M. Elroy
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

JUNE 13 4P 8:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 5 1944 to JUNE 13 1948and that I last saw him alive on Feb. 25 1948

Immediate cause of death

Coronary occlusion; m. 6 AM

DURATION

1 hour.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. none

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles Robert Cohen
Address Clear Spring Md Date signed 6-15-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wm. D. Campbell

6563

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
446 West Washington St.
 How long in hospital or institution? 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 446 W. Washington St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

WILLIAM EMERY FOLTZ

3. (b) Social Security Number

220-09-7911

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widower

6. (b) Name of husband or wife Mamie B.7. Birth date of deceased (mo., day, yr.) June 1 18628. AGE: Years Months Days If less than one day
86 0 19 hrs. min.9. Birthplace Mapleville Wash. Co. Md.
(Town, county, and state)10. Usual occupation President11. Industry or business McComas-Armstrong Co.12. Name Rev Saml. M. Foltz13. Birthplace Mapleville Md.14. Maiden name Ann Shifler15. Birthplace Mapleville Md.16. Informant Robert B. FoltzAddress Hagerstown Md.17. Burial Date thereof 6/22/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. June 22, 48 Chas. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1948 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 45 to June 20 19 48
and that I last saw him alive on June 19-48Immediate cause of death Cardio-Vascular Disease

DURATION

4-5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. Campbell M. D. or otherAddress Hagerstown Md. Date signed June 24/48

RECEIVED

JUN 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Ralph Young

6564

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 Days

Hospital, institution, or street address where death occurred:

Washington Co. HospitalHow long in hospital or institution? 8 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 337 West Washington Street

(If rural, give LOCATION)

2.(a) If veteran, name war... No

3. (a) FULL NAME

Rosario Germania

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Elizabeth6. (c) If alive, give age 45 years7. Birth date of deceased (mo., day, yr.) Jan. 2, 1898

8. AGE: Years Months Days If less than one day

5051hrs.min.9. Birthplace... Italy
(Town, county, and state)10. Usual occupation... Unemployed

11. Industry or business

12. Name... No Record13. Birthplace... No Record14. Maiden name... No Record15. Birthplace... No Record16. Informant... Mrs. Elizabeth GermaniaAddress... Hagerstown, Maryland17. Burial Date thereof... June 5, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Rose Hill CemeteryLocation... Hagerstown, Maryland18. Funeral director... Andrew K. CoffmanAddress... Hagerstown Maryland19. June 4 48 Charles Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... 6/3/48 19... at 1:30 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/3/48 19... to 6/3/48 19...and that I last saw him alive on 6/3/48 19...Immediate cause of death Acute Myocardial Infarction

DURATION

6 yrsDue to... (Non-Syphilitic)Due to... 4/4/48

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ralph P. YoungAddress Willamstown, Md Date signed 6/3/48

M. D. or other

RECEIVED

JUN 7 1948

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **306**

1. PLACE OF DEATH:

County WashingtonCity or town Cascade
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Ritchie HospitalHow long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne ArundelCity or town Annapolis - rural
(If outside city or town limits, write RURAL and give nearest town)Street No. West Annapolis, Md.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Thomas Camillus Guy

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Ladie May Frazier

7. Birth date of deceased (mo., day, yr.)

June 7, 1880

6. (c) If alive, give age

years

8. AGE:

Years

68

Months

Days

21

If less than one day

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Painter

11. Industry or business

Alonso Guy

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

19. 48

20. DATE OF DEATH

19. 48

at

12:50

A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/10/48 to 6/13/48 + 6/25 - 19. 48

and that I last saw him alive on

June 28 19. 48

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 19. 48 at 12:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/10/48 to 6/13/48 + 6/25 - 19. 48 to June 28 19. 48and that I last saw him alive on June 28 19. 48

Immediate cause of death

Pulmonary emphysema

DURATION

15 yrs

Due to

Chronic bronchitis, probably bronchus tumor

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thomas M. Arrington, M.D.
St. Peter's Hosp. Cascade, Md. M. D. or otherAddress St. Peter's Hosp. Cascade, Md. Date signed 6/28/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 30 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
504 Salem Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 504 Salem Avenue
(If rural, give LOCATION)
2. (a) If veteran, name war World War #1

3. (a) FULL NAME

F. Russell Harman

3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Louise L. Harman
6. (c) If alive, give age 41 years
7. Birth date of deceased (mo., day, yr.) October 27, 1889
8. AGE: Years 58 Months 7 Days 16 if less than one day
.....hrs.min.

9. Birthplace Hagerstown, Wash. Co. Md.
(Town, county, and state)
10. Usual occupation Proprietor
11. Industry or business Own Business
FATHER 12. Name Frederick Harman
13. Birthplace Hagerstown, Maryland
MOTHER 14. Maiden name Emma Valentine
15. Birthplace Hagerstown, Maryland

16. Informant Mrs. Russell Harman
Address Hagerstown, Maryland
17. Removal Date thereof 6-16-48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Maryland
18. Funeral director C. M. Suter & Sons
Address Hagerstown, Maryland

19. June 14 1948
(Date rec'd by registrar) Registrar Charles Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948 at 7A M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1947 to June 1 1948
and that I last saw him alive on June 1 1948
Immediate cause of death

Vascular hypertension
Due to arteriosclerotic heart disease
auricular fibrillation 3 yrs
Due to acute ventricular fibrillation
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. Robert Wells M.D. M.D.
Address Hagerstown, Md. Date signed 6/12/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6567

Reg. Dist. No. 301

1. PLACE OF DEATH:

County Washington
City or town Rural Williamsport MD.
(if outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 Years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Rural Williamsport MD.
(if outside city or town limits, write RURAL and give nearest town)
Street No. Williamsport R.F.D.2
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

George Agusta Harsh

3. (b) Social Security Number

219-05-2176

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife Mrs Annie Spiglar Harsh

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26 1871

8. AGE: Years Months Days if less than one day
77 3 hrs. min.

9. Birthplace Williamsport Washington Md.
(Town, county, and state)

10. Usual occupation :Buffer:At W.D. Byron Tannery

11. Industry or business :Buffer: At W.D.Byron Tannery

12. Name Nelson Harsh

13. Birthplace MD.

14. Maiden name Sarah Redman

15. Birthplace Md.

16. Informant Mrs Annie Harsh

Address Williamsport R.F.D. 2

17. Burial Date thereof July 2 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls.

Location Route 40. Near Clearspring Md.

18. Funeral director Edith V Leaf

Address Williamsport MD.

19. July 2 19 48 Mrs E Lee McElroy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 19 48 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 to June 29 19 48 and that I last saw him alive on an arrival 19 48

Immediate cause of death

Myocarditis Prurice 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. J. M. McElroy M. D. or other

Address Williamsport Md. Date signed 7/30/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 10 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 days
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Rural Clear Spring, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Route 40
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Colleen Maria Herbert

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) June 26, 1948 6. (c) If alive, give age _____ years
 8. AGE: Years 0 Months 0 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Hagerstown- Wash. Co., Md.
 (Town, county, and state)
 10. Usual occupation None
 11. Industry or business

12. Name William L. Herbert
 13. Birthplace Washington Co., Md.
 14. Maiden name Virginia M. Rodeheaver
 15. Birthplace Payette Co., Pa.

16. Informant William L. Herbert
 Address Clear Spring, Md.

17. Burial Date thereof June 29, 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Paul's Cemetery
 Location Near Clear Spring, Md.

18. Funeral director Snyder-Rowland Funeral Home
 Address Clear Spring, Md.

19. June 29 19 48 Joseph W. Murray
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1948 19 _____ at 8:45 A. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
JUNE 26, 1948 19 _____ to JUNE 29, 1948
 and that I last saw him ER alive on JUNE 29, 1948 19 _____

Immediate cause of death CONGENITAL ~~STREPTOCOCCAL~~ HEART DISEASE
 DURATION 2

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Archie Robert Fisher M. D. _____

Address Clear Spring Md Date signed 6-29-48

RECEIVED

JUL 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Weeks
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Funkstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Main St.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

JOHN DAVID HOLLYDAY

3. (b) Social Security Number

215-18-2786

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Laughty M. Hollyday

7. Birth date of deceased (mo., day, yr.) December 8, 1881 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
66 6 7 hrs. min.

9. Birthplace St. James, Washington Co., Md.
(Town, county, and state)

10. Usual occupation President of Bank

11. Industry or business Nicodemus National Bank

12. Name Samuel Hollyday

13. Birthplace Rockville Md.

14. Maiden name Alice Tabert

15. Birthplace Middleburg /Md

16. Informant Mrs John D. Hollyday

Address Funkstown Md.

17. Burial Date thereof 6/17/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Funkstown Cemetery

Location Funkstown, Washington Co., Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. June 17, 48 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 19 48 at 9:35 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 15 19 47 to June 15 19 48 and that I last saw him alive on June 15 19 48

Immediate cause of death Cardiac decompensation DURATION June 8, 1948

Due to myocarditis chr ?
hypertension ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mssns of injury Injured at work?

23. SIGNATURE H. S. Porterfield M.D. M. D. or other

Address 136 W Washington St Date signed 6/18/48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6571

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
129 West Church Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 129 West Church Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Douglas Johnson

3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) (Not Known) 1888 6. (c) If alive, give age years

8. AGE: Years 60 Months --- Days --- If less than one day --- hrs. --- min.

9. Birthplace Charles Town, Virginia
 (Town, county, and state)

10. Usual occupation Peddler

11. Industry or business

12. Name Not Known13. Birthplace Not Known14. Maiden name Not Known15. Birthplace Not Known16. Informant George BurtonAddress 129 W. Church St.

17. Burial Date thereof 6-28-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Bellevue CemeteryLocation Hagerstown, Maryland18. Funeral director William H. DowneyAddress Hagerstown, Maryland

June 28. 48 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 24 1948 at 8:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 24 1948 to JUNE 24 1948and that I last saw him alive on JUNE 24 1948Immediate cause of death Cerebral Hemorrhage DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Alan Harris, M.D. M. D. of otherAddress 651 Pennybanc Date signed 6/28/48

1948
888

1948
846

RECEIVED

JUN 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6570

Reg. Dist. No. 307

1. PLACE OF DEATH:

County Washington
 City or town Yarrowsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Knoxville Md. R.I.
 How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Yarrowsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Knoxville Md. R.I.
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Dora Martin Jones

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife James Jones
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) August 25 - 1867
 8. AGE: Years 80 Months 9 Days 27 It less than one day _____ hrs. _____ min.

9. Birthplace Utah Co. Md.
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business At home

12. Name James Ramseyburg

13. Birthplace Ired. Co. Md.

14. Maiden name Annie Bear

15. Birthplace Ired. Co. Md.

16. Informant Joseph Martin

Address Knoxville Md. R.I.

17. Burial Date thereof June 24 - 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Boonshwa Cemetery

Location Boonshwa Md.

18. Funeral director Thos J. Bast & Sons

Address Boonshwa Md.

19. June 22 19 48 Cornelius H. Bastler
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 22 19 48 at 3 A - M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June - 17 19 48 to June 22 19 48

and that I last saw him alive on June - 21 19 48

Immediate cause of death cerebral hemorrhage

DURATION 1 Wk.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Blayden M. D. or other _____

Address Lawrenceville Va. Date signed 4/24/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Porterfield

6572

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 26 Years
 Hospital, institution, or street address where death occurred:
1164 Hamilton Blvd.
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1164 Hamilton Boulevard
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war None

3. (a) FULL NAME

MRS FRANCES SCOTT KRATZ

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Thomas

7. Birth date of

deceased (mo., day, yr.)

September 5, 1897

6. (c) If alive, give age --- years

8. AGE:

Years

Months

Days

If less than one day

50

9

28

hrs.

min.

9. Birthplace

Hagerstown, Washington Co. Md.

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Own Home

FATHER

12. Name

Oscar Scott

13. Birthplace

Russia

MOTHER

14. Maiden name

Amanda Garling

15. Birthplace

Hagerstown Md.

16. Informant

Mrs Amanda Scott

Address

Hagerstown Md.

17.

Burial

Date thereof 6/30/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19.

June 30, 19 48

Shack Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 19 48 at 3:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Aug 4 19 48 to June 28 19 48
 and that I last saw him alive on June 28 19 48

Immediate cause of death

Carcinoma both Breasts

DURATION

3 yrs

Due to

Metastasis to Lungs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

H H Porterfield M.D.

M. D. or other

Address

136 W Washington

Date signed 6/29/48

RECEIVED

JUL 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wells

170C

6573

Reg. Diat. No. 303

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown R # 2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Years
 Hospital, institution, or street address where death occurred:
Wilsons
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown R # 2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Wilsons
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MRS GLORIA LAYMAN

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced
 6. (b) Name of husband or wife William Knicley
 6. (c) If alive, give age 68 years
 7. Birth date of deceased (mo., day, yr.) June 2 1890
 8. AGE: Years 58 Months 0 Days 6 If less than one day
 hrs. min.

9. Birthplace McGheysville Rockingham Co. Va.
 (Town, county, and state)
 10. Usual occupation Operator
 11. Industry or business Layman Nursing Home
 12. Name William H. Layman
 13. Birthplace McGheysville Va.
 14. Maiden name Virginia Henshaw
 15. Birthplace McGheysville Va.

16. Informant Lawrence Knicley
 Address Hagerstown Md.
 17. Burial Rest Haven Cemetery Date thereof 6/10/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Hagerstown Md.
 Location Hagerstown Md.
 18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. 6-9-48 Cross H. Fichter
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948 19. at 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19. to 19.
 Immediate cause of death Crushed chest

Due to Hemorrhage and shock
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations None
 Date of op.

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 6/8/48
 Where did injury occur? Near Wilsons Wash. Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where)? No
 Means of injury Auto plunged down Injured at work? No
 Signature Dr. Robert Wells WASH. CO., MD.
 Address Hagerstown, Md. Date signed 6/8/48

JUN 18 1948

JUN 18 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

6574

306

for

~~444~~

1. PLACE OF DEATH

County Washington

City or town Crofton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 33 days

Hospital, institution, or street address where death occurred Ketchie Hospital

How long in hospital or institution? 28 days

3. (a) FULL NAME

Roland Lee

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Divorced

8. (b) Name of husband or wife

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) May 22, 1890

8. AGE: Years 58 Months 13 Days 13 If less than one day hrs. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual occupation Unknown

11. Industry or business

12. Name Steven R. Lee

13. Birthplace Balta. Md

14. Maiden name Catherine Reese

15. Birthplace Germany

16. Informant Hospital Records

Address Crofton, Md

17. Buried Date thereof Jun 7-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Landon Park Cym

Location Baltimore Md

18. Funeral director M. L. Greger

Address Charmers Md

19. June 4 1948 Blanche S. Esler
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Jefferson

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2705 Jefferson St
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948, at 8:55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12, 1948, to June 4, 1948, and that I last saw him alive on June 4, 1948.

Immediate cause of death Cerebral Hemorrhage DURATION 3 days

Due to Arteriosclerosis 4-5 yrs

Due to

Other conditions Diabetes Mellitus 2 yrs
(Include pregnancy within 3 months of death)

Major findings of operations Diabetes Mellitus Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE J. G. McEuen M. D. or other

Address Ketchie Date signed 6/4/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Rec June 7 - 48 Gen. W. Ferguson

RECEIVED

JUN 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Keadle

6575

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 DaysHospital, institution, or street address where death occurred:
Wash. county HospitalHow long in hospital or institution? 4 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 1043 Georgia Ave
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

CLARENCE AUGUSTUS LINDER

3. (b) Social Security Number

220-10-3044

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife Catherine A.6. (c) If alive, give age 63 years7. Birth date of deceased (mo., day, yr.) November 18 18828. AGE: Years Months Days If less than one day
65 6 14 hrs. min.9. Birthplace Clear Springs Wash. Co. Md.
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Fairchild12. Name Mary A. Shafer13. Birthplace Shrewsbury Pa.14. Maiden name Edward Linder15. Birthplace Germany16. Informant George H. LinderAddress Hagerstown Md.17. Burial Date thereof 6/5/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. June 4, 1948
(Date rec'd by registrar) Registrar Robert F. Keadle

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948 10. at 1 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 1948 to date of death
and that I last saw him alive on June 2 1948

Immediate cause of death

Anoxemia

DURATION

Due to Asthma, cardiac & 15 mo +Due to allergic
arteriosclerotic heart
disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert F. Keadle M. D. or otherAddress Hagerstown Md Date signed 6-3-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Zimmerman

6576

186a

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington
 City or town Tilghmanton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 42 Years
 Hospital, institution, or street address where death occurred:
Sharpsburg Pike
 How long in hospital or institution? 42 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Tilghmanton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Sharpsburg Pike
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war None

3. (a) FULL NAME

JOHN HENRY MARMADUKE

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Effie V. Marmaduke
 6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) September 13, 1881

8. AGE: Years 66 Months 9 Days 9 If less than one day
 hrs. min.

9. Birthplace Bakersville, Washington Co., Md.
 (Town, county, and state)

10. Usual occupation School Bus Operator

11. Industry or business

12. Name Daniel Marmaduke

13. Birthplace Bakersville, Md.

14. Maiden name Alice Cook

15. Birthplace Sharpsburg Md.

16. Informant Mrs Effie Marmaduke

Address Boonsboro Md. R #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/23/48
 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. June 22 19 48 John H. Cook
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 19 48 12:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 19 June 21 19 48
 and that I last saw him alive on June 20 19 48

Immediate cause of death

DURATION

Myocardial Infarct

3 years

Due to

Fractured left hip
Caused by fall on pavement.

10 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

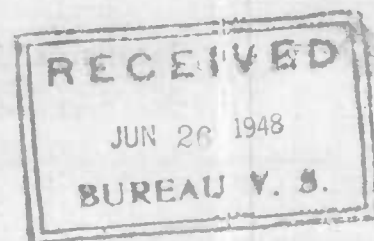
Injured at home, farm, industry, public place (where?) Home

Means of injury 20 Injured at work?

23. SIGNATURE

M. D. or other

Address William H. Zimmerman Date signed 6/22/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6577

Reg. Dist. No. 300

1. PLACE OF DEATH:

County Washington
 City or town Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 75 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Elizebeth Virginia Marrow

3.(b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1872

8. AGE: Years 75 Months 7 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Sharpsburg-Washington-Md.
 (Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business _____

12. Name Joseph Marrow13. Birthplace Sharpsburg, Md14. Maiden name Mary E. Renner15. Birthplace Sharpsburg, Md16. Informant Mr. Thomas MarrowAddress Sharpsburg, Md

17. Burial Date thereof June 30, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. ViewLocation Sharpsburg, Md16. Funeral director R. I. EarnshawAddress Keedysville, Md

June 30 1948 Edw. Boyer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 12:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21, 1948, to June 26, 1948

and that I last saw her alive on June 26, 1948

Immediate cause of death _____

Congestive myocardial heart failure grade IV.

DURATION

24 hrs.

Due to Hypertensive cardio-vascular heart disease.

5 yrs.

Due to _____

Other conditions Bronchial asthma

15 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Henry Aldis M.D. M. D. or other _____

Address Shepherdstown, W. Va. Date signed Jun 28, 1948

RECEIVED TO THE DIRECTOR, STATE DEPARTMENT

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

RECEIVED

JUL 7 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6578

302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown MD.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 Months

Hospital, institution, or street address where death occurred:

324 W. Washington St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown MD.
(If outside city or town limits, write RURAL and give nearest town)Street No. 1092 Virginia Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Charles Hanson Martin

3.(b) Social Security Number

215-01-9973

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Anna Jane Martin6.(c) If alive, give age 58 years

7. Birth date of

deceased (mo., day, yr.) Aug. 15 1875

8. AGE:

Years

Months

Days

If less than one day

721010

hrs.

min.

9. Birthplace

Martinsburg W.V.A.

(Town, county, and state)

10. Usual occupation

JanitorJanitor

11. Industry or business

not Known

12. Name

not Known

13. Birthplace

14. Maiden name

Not Known

15. Birthplace

16. Informant

Mrs. Anna Jane Martin

Address

1092 Virginia AVE.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof June 29 1948
(month) (day) (year)

Cemetery or

Greenlawn

Location

Williamsport MD.

18. Funeral director

Edith V Leaf

Address

Williamsport MD.19. June 28. 19 48 Chas H Bowers
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 25 '48 19 50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased

19....., to....., 19.....

and that I last saw him..... alive on....., 19.....

Immediate cause of death

DURATION

Acute coronary Deceleration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

M. D. or

Date signed

June 25/48

RECEIVED
JUN 30 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 hours
 Hospital, institution, or street address where death occurred:
3 rd block North Potomac St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Baltimore
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2656 W. Franklin St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John W. Mattheisz

3. (b) Social Security Number

214-03-1956

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Alivina K. Mattheisz
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) July 19, 1902
 8. AGE: Years 45 Months 11 Days 0 If less than one day hrs. min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation Engineer
 11. Industry or business Bendix Radio Corp.
 12. Name August H. Mattheisz
 13. Birthplace Baltimore, Md.
 14. Maiden name Margaret Thiele
 15. Birthplace Germany

16. Informant Mrs. Alivina K. Mattheisz
 Address Baltimore, Maryland

17. Burial Date thereof June 25, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Woodlawn Cemetery
 Location Baltimore, Maryland

18. Funeral director William J. Tickner & Sons
 Address Baltimore, Maryland

19. June 20, 48 Phanth Flowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION EDT

20. DATE OF DEATH June 19, 1948 7:45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19..... to 19.....
 and that I last saw h..... alive on 19.....
 Immediate cause of death DURATION

acute coronary occlusion
 Due to acute ventricular fibrillation

Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

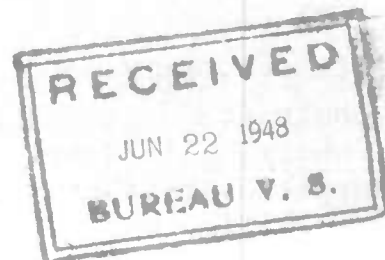
No

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide No Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Fell dead while marching in a parade Injured at work?

23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAM
Hagerstown, Md. WASH. CO., MD.
 Address..... M. D. June 20 48
 Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6580

CERTIFICATE OF DEATH

Reg. Diat. No.

302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
811 Dale Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 811 Dale Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

George E. Miller

3. (b) Social Security Number

NONE

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Clara E. Miller6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.)

June 24, 1880

8. AGE:

Years

Months

Days

If less than one day

671112

hrs.

min.

9. Birthplace

San Francisco, Cal.

(Town, county, and state)

10. Usual occupation

Sexton

11. Industry or business

Church of Brethren

FATHER

12. Name

Edward Miller

13. Birthplace

San Francisco, Cal.

MOTHER

14. Maiden name

Catherine

15. Birthplace

California

16. Informant

Mrs. Dorothy Domer

Address

Hagerstown, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 6-8-48

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Maryland

18. Funeral director

C. M. Suter & Sons

Address

Hagerstown, Maryland

19. Date rec'd by registrar

June 7, 1948ChapmanBovera

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 519 48at 11:27

M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

5/3119 48to 6/6/48

19

and that I last saw him alive on June 27, 1948

Immediate cause of death

5

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Henry R. Kriger M.D.

M. D. or other

Address Hagerstown Md. Date signed 6/7/48

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 49 years
 Hospital, institution, or street address where death occurred:
120 West Washington St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 120 W. Washington St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

MARY A. MILLER

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) August 10, 1884
 8. AGE: Years 63 Months 10 Days 17 If less than one day hrs. min.

9. Birthplace Roanoke, Va.
 (Town, county, and state)
 10. Usual occupation Beautician
 11. Industry or business

12. Name Perry W. Miller
 13. Birthplace Altoona, Pa.
 14. Maiden name Minnie V. Valentine
 15. Birthplace Altoona, Pa.

16. Informant Mrs Althea Shadrach
 Address 120 W. Washington St.

17. Burial Date thereof June 30, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cem.
 Location Hagerstown, Md.

18. Funeral director Fred. W. Kraiss
 Address 139 N. Pootmac St.

19. June 30, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1948, at 8:10 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 19, 1937, to June 27, 1948
 and that I last saw her alive on June 26, 1948

Immediate cause of death Adenocarcinoma of Rectum DURATION 21 mo.

Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)
 Major findings of operations Same as above Date of op. October 1946

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. West Hornbaker Jr. M.D.
154 W. Washington St. M. D. or other
Hagerstown Address Date signed 6/28/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

6582

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 35 years
 Hospital, institution, or street address where death occurred:
426 Jefferson St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 426 Jefferson St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Minnie F. Morrison

3. (b) Social Security Number

None

4. Sex..... Female
 5. Color or race..... White
 6. (a) Single, married, widowed, or divorced..... Widowed

6. (b) Name of husband or wife..... Charles E. Morrison

7. Birth date of deceased (mo., day, yr.)..... Aug. 30, 18 89
 6. (c) If alive, give age..... years

8. AGE: Years..... 58 Months..... 9 Days..... 29
 If less than one day..... hrs. min.

9. Birthplace..... Mt. Hollie Springs Pa.
(Town, county, and state)10. Usual occupation..... Home duties

11. Industry or business.....

12. Name..... Beherna13. Birthplace..... Pa.14. Maiden name..... Minnie F.15. Birthplace..... Pa.16. Informant..... Mrs. Dorothy ClemAddress..... 428 Jefferson St.

17. Burial Date thereof..... July 1, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Rest Haven CemeteryLocation..... Hagerstown, Maryland18. Funeral director..... Fred W. KraissAddress..... Hagerstown, Maryland.

19. June 30, 19 48 Phyllis Powers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 28, 1948..... 19..... at..... 6 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 11, 19 48 to June 29, 19 48
 and that I last saw him alive on May 18, 19 48

Immediate cause of death.....

Coronary occlusion..... 1 1/2 hrsDue to..... Coronary artery sclerosis..... ?

Due to.....

Diabetes mellitus..... 3 years

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... None

Date of op.

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... None..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... Phyllis Powers..... M. D. or other.....Address..... Hagerstown Md..... Date signed..... 6/30/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

JUL 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 300

1. PLACE OF DEATH:

County Washington
 City or town Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 77 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Edward Luther Mose

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Agnes May Mose 8. (c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) July 7, 1870
 8. AGE: Years 77 Months 11 Days 16 If less than one day
 hrs. min.

9. Birthplace Sharpsburg-Wash.-Md
 (Town, county, and state)
 10. Usual occupation Retired Boatman
 11. Industry or business
 12. Name Alfred Mose
 13. Birthplace Sharpsburg, Maryland
 14. Maiden name Hannah Highbarger
 15. Birthplace Sharpsburg, Md

18. Informant Mrs. Agnes M. Mose
 Address Sharpsburg, Maryland

17. Burial Date thereof June 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. View
 Location Sharpsburg, Md

18. Funeral director R. I. Earnshaw
 Address Keedysville, Md

19. 6-25 1948 Ed Bowser
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 23 1948 at 1:20P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 21 1948 to June 23 1948
 and that I last saw him alive on June 23 1948

Immediate cause of death Cerebral haemorrhage
 DURATION

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Ed Bowser M. D. or other
 Address Bonislora Date signed 6/24/48

RECEIVED

JUL 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

6584

302

Evidence for change of

age shown on:

FILM No. G 116 JUN 22 1948 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 20 years
 Hospital, institution, or street address where death occurred:
69 Elizabeth Street
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 69 Elizabeth Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Catherine Myers

3. (b) Social Security Number

None

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... Charles Myers
 8.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Oct. 16, 1881
 8. AGE: Years..... 66 Months..... 61 Days..... 26 If less than one day..... hrs. min.

9. Birthplace..... Washington Co., Maryland
 (Town, county, and state)
 10. Usual occupation..... Home Duties

11. Industry or business.....
 12. Name..... Charles Shives
 13. Birthplace..... Washington Co., Maryland
 14. Maiden name..... Mary Ann Moore
 15. Birthplace..... Washington Co., Maryland

16. Informant..... Mr. Samuel R. DiPaula
 Address..... Baltimore, Maryland

17. Burial..... Date thereof..... June 14, 1948
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory..... Episcopal Cemetery
 Location..... Hancock, Maryland

18. Funeral director..... Snyder- Rowland Funeral Home
 Address..... Hancock, Maryland

19. June 12, 1948 Registrar..... Charles H. Bowers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 11, 1948 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10 March..... 1946..... to..... 11 June.....
 and that I last saw him..... 11 June.....
 Immediate cause of death..... Atherosclerosis, Coronary vasculature
Renal artery with myocardial infarct

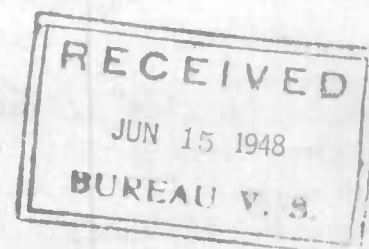
DURATION..... 10-15 yrs
 Due to.....
 Due to.....
 Other conditions..... Diabetes Mellitus..... 46 yrs
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State)
 Injured at home, farm, industry, public place (where?).....

23. SIGNATURE..... J. F. Luby..... M. D. or other
 Address..... 230 N. Potomac..... Date signed..... 12 June 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1248

6585

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Dargan
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Fannie E. Myers

3. (b) Social Security Number

none4. Sex
Female5. Color or race
White6. (a) Single, married, widowed, or divorced
Married6. (b) Name of husband or wife Harvey M. Myers6. (c) If alive, give age 60 years7. Birth date of deceased (mo., day, yr.) Feb. 10, 18898. AGE: Years 59 Months 4 Days 12 It less than one day
_____ hrs. _____ min.8. Birthplace Antietam-Wash.-Md
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business _____

12. Name Thomas Crampton13. Birthplace Antietam, Md14. Maiden name Mary Ellen Young15. Birthplace Unknown18. Informant Mr. Harvey M. MyersAddress Harper's Ferry R.F. D. #117. Burial Date thereof June 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. ViewLocation Sharpsburg, Md19. Funeral director R. I. EarnshawAddress Keedysville, Md19. June 22, 1948 Registrar Beaumont
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1948 at 4:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 17 1948 to June 22 1948
and that I last saw him alive on June 21 1948

Immediate cause of death _____

Air hoses of liver

DURATION

10 yrs?

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. L. Bowers M.D.

M. D. or other

Address Beaumont Date signed 6/24/48

RECEIVED

JUN 24 1948

BUREAU V. S.

Evidence for change of
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6586

FILM No. G 116 JUL 12 1948 CERTIFICATE OF DEATH

Reg. Diat. No. 306

1. PLACE OF DEATH:

County Washington
City or town Cascade
(If outside city or town limits write RURAL and give nearest town)
How long in above place of death? 4 1/2 months
Hospital, institution, or street address where death occurred: Kelch Hospital
How long in hospital or institution? 4 1/2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 125 Chesapeake
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Walter Boyd Benton

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife none
7. Birth date of deceased (mo., day, yr.) June 20, 1882 1884
8. AGE: Years 64 Months 5 Days 1 hrs. 1 min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Waltzman

11. Industry or business

12. Name James Benton
13. Birthplace Virginia
14. Maiden name Emma Mason
15. Birthplace Virginia

16. Informant Mrs. J. J. Rake
Address Chamberburg, Pa.

17. Burial Burial Date thereof 6/26/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Leiterburg Lutheran
Location Leiterburg, Md.

18. Funeral director Streets & Sons
Address 27 S. Church St. Weymouth, Pa.

19. Date rec'd by registrar June 24, 1948 Registrar Geo. W. Ferguson

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 19 48 at 4 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9 19 48 to June 24 19 48
and that I last saw him alive on June 24 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 3 days

Due to Arteriosclerosis

Due to

Other conditions Bilateral amputations for gangrene
(Include pregnancy within 3 months of death)

Major findings of operations Baltimore City Hospital
Amputations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thomas M. Cunningham, M.D.
Address Ritchie Hwy, Crook, Md. Date signed 6/24/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

121

6587

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: **Washington**
 County.....
 City or town.....**Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? **19 days**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Washington**
 City or town.....**Rural Smithsburg**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....**Smithsburg Rt. 2**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME **Elizebeth Anneta Reynolda**
 3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**
 6.(b) Name of husband or wife **Aaron S. Reynolds**
 7. Birth date of deceased (mo., day, yr.) **May 31, 1875** 6.(c) If alive, give age **72** years

8. AGE: Years **73** Months **0** Days **12** If less than one day hrs. min.

9. Birthplace **Fairfield Adams Co. Pa.**
 (Town, county, and state)

10. Usual occupation **House Wife**
 11. Industry or business **Own Home**

12. Name **Charles F. Hoffman**
 13. Birthplace **Fairfield Pa.**

14. Maiden name **Maltida Low**
 15. Birthplace **Fairfield Pa.**

16. Informant **Aaron S. Reynolds**
 Address **Smithsburg Rt. 2**

17. Burial **June 16, 1948**
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory **Smithsburg Cemetery**

Location **Smithsburg Md.**
 18. Funeral director **Scott F. Minnich & Son**
 Address **Hagerstown Md.**

19. **June 16, 1948**
 (Date rec'd by registrar) Registrar **Charles H. Bowers**

MEDICAL CERTIFICATION
 20. DATE OF DEATH **June 13, 1948, 8:30p** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 29, 1948**, to **June 13, 1948**
 and that I last saw him alive on **June 13, 1948**

Immediate cause of death **Pulmonary Embolism** DURATION **29 hrs**

Due to **Cardio Vascular Disease** **7 yrs**

Due to **Acute Appendicitis** **20 days**
 Other conditions **Chronic Phlebotomy** **14 yrs**

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **Y. G. K. Koller** M. D. of other **4/16/48**
 Address **Smithsburg** Date signed **4/16/48**

MARGIN RESERVED FOR BINDING

VS A16 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6588

Reg. Dist. No.

307

1. PLACE OF DEATH:

County Washington
 City or town Rural near Weretown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 74 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Rural near Weretown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Francis Marion Rickards

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Annie Ohler7. Birth date of deceased (mo., day, yr.) Sept 25 18736. (c) If alive, give age 68 years8. AGE: Years 74 Months 8 Days 18 It less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name George Benson Rickards13. Birthplace Maryland14. Maiden name Mary Ann Susan Martin15. Birthplace Maryland16. Informant Mrs Annie Ohler RickardsAddress Knob Hill Md.17. Burial Date thereof June 16, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory St. Luke'sLocation Brunswick Md.18. Funeral director C. B. Fultz & CoAddress Brunswick Md19. June 14 19 48 Mrs. Katherine Dagerhart
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 19 48, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 4 19 48, to June 13 19 48and that I last saw him alive on June 11 19 48Immediate cause of death Coronary Occlusion

DURATION

5 miDue to Coronary Sclerosis

Due to _____

Other conditions My pericardium5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. J. BruceAddress Jefferson Wd M. D. or other _____Date signed 6/17/48

RECEIVED

JUN 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6589

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 days
 Hospital, institution, or street address where death occurred:
Washington Co Hospital
 How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Penn County... Franklin
 City or town... Mercersburg Pa
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... RO 2
 (If rural, give LOCATION)
 2. (a) If veteran, name war... ☒

3. (a) FULL NAME

William H. Robinson

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Anna V. Robinson

7. Birth date of deceased (mo., day, yr.) Feb. 22 - 1857 6. (c) If alive, give age 88 years

8. AGE: Years 91 Months 3 Days 23 If less than one day
 hrs. min.

9. Birthplace Franklin Co. Pa.
 (Town, county, and state)

10. Usual occupation Farmer Retired

11. Industry or business

12. Name Salomon Robinson

13. Birthplace Franklin Co Pa

14. Maiden name Catherine Byrne

15. Birthplace Franklin Co Pa

16. Informant Jacob C Robinson

Address Mercersburg Pa RO 2

17. Burial Date thereof June 18 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or Myers

Location Mercersburg Pa. R. O 2

18. Funeral director D. J. Guinger & Son

Address Mercersburg Pa

19. June 15. 48 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1948 at 7:20 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/11 1929, to 6/15 48
 and that I last saw him alive on 6/14 1948

Immediate cause of death
arteriosclerotic cardio-vascular renal disease

Due to

Due to

Other conditions Benign prostatic hypertrophy

Major findings of operations Benign prostatic hypertrophy

Date of op. 6/15/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

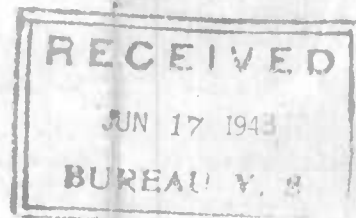
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. C. News

Address Greenstown Pa M. D. 6/15/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6590

302

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
453 West Antietam Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 453 West Antietam Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Cora May Rogers

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 9, 1878 6. (c) If alive, give age years

8. AGE: Years 70 Months 1 Days 16 If less than one day
 hrs. min.

9. Birthplace Washington County, Maryland
 (Town, county, and state)

10. Usual occupation Home duties

11. Industry or business

12. Name Samuel Rogers
 13. Birthplace Staunton, Virginia

14. Maiden name Elizabeth Pryor
 15. Birthplace Washington Co. Maryland

16. Informant Mrs. Virginia Knode
 Address 453 W. Antietam St. Hagerstown

17. Burial Date thereof June 28, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Manor Cemetery
 Location Near Tilghmington, Maryland

18. Funeral director Fred W. Kraiss
 Address Hagerstown, Maryland.

19. June 28, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1948. at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7, 1929 to June 25, 1948
 and that I last saw him alive on June 25, 1948

Immediate cause of death Hypertensive cardiovascular renal disease. DURATION 19 years.

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations No operationsAutopsy results No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. A. Buel M. D. or other

Address Hagerstown Md. Date signed 6/26/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A16

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 30 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **300**

1. PLACE OF DEATH:

County Washington

City or town Sharpsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Twenty years

Hospital, institution, or street address where death occurred:
Main Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Sharpsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. Main Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Elizabeth B. Roulette

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife B. Franklin Roulette

7. Birth date of deceased (mo., day, yr.) April 5, 1859 6. (c) If alive, give age years

8. AGE: Years 89 Months 2 Days 15 If less than one day
.....hrs.min.

9. Birthplace Mercersburg, Franklin, Penna.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Rhoades

13. Birthplace Sharpsburg, Washington Co., Md.

14. Maiden name Elizabeth B. Rhoades

15. Birthplace Mercersburg, Pa.

16. Informant Grafton Roulette

Address Sharpsburg, Maryland

17. Burial Date thereof June 23, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mt. View Cemetery

Location Sharpsburg, Maryland

18. Funeral director Mrs. Edith V. Leaf

Address Williamsport, Md.

19. June 22, 1948 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1948 at 3:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20, 1948 did not see her alive. Coroner notified. and that I last saw her alive on June 20, 1948

Immediate cause of death Congestive myocardial failure DURATION 24 hours.
grade IV.

Due to Arteriosclerotic heart disease. 5 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None performed.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Larry Adis M.D.

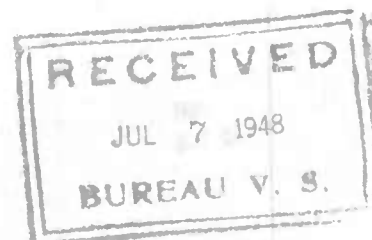
Address Shpherdstown, W. Va. Date signed June 22, 1948

MARGIN RESERVED FOR BINDING

VS-415 9-45-15M

VS-415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6592

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington
 City or town Smithsburg Md #2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5.5 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Washington
 City or town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Smithsburg Md #2
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

E. Statton Rowe

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced M.

6. (b) Name of husband or wife Mamie W. Rowe

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1874 6. (c) If alive, give age 70 yrs years

8. AGE: Years 71 Months 8 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Myersville, Fred. Co.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Geo. W. Rowe

13. Birthplace Md.

14. Maiden name Mary C. Mowen

15. Birthplace Md.

16. Informant Mr. Mamie Rowe

Address Smithsburg Md, #2

17. Burial Date thereof 7/3/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Smithsburg C.

Location Smithsburg Md.

18. Funeral director Walter G. Grove

Address 27 S. Church St., Waynesboro Pa.

19. July 2 1948
 (Date rec'd by registrar)

Geo. W. Ferguson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948 at 6:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1948 to June 30 1948

and that I last saw him alive on June 30 1948

Immediate cause of death Heart overage DURATION 4.5 hrs

Due to Arterio - Sclerosis 10 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. G. K. O'Brien M. D. or other

Address Smithsburg Date signed 7/2/48

RECEIVED

JUL 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 408 W. Washington St.
(If rural, give LOCATION)
2.(d) If veteran, name war

3. (a) FULL NAME

Edna Mae Rubeck

3. (b) Social Security Number

219-20-3694

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
8.(b) Name of husband or wife Ralph E. Rubeck
8.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) June 14, 1910
8. AGE: Years 37 Months 11 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Washington County Maryland
(Town, county, and state)
10. Usual occupation Home Duties
11. Industry or business
12. Name Ignatius Dury
13. Birthplace Washington County Maryland
14. Maiden name Martha J. Dury
15. Birthplace Garrett County Maryland

16. Informant Ralph E. Rubeck
Address Hagerstown, Maryland

17. Burial June 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Blairs Valley Cemetery
Location Cleerspring Rural

18. Funeral director Fred W. Kraiss
Address Hagerstown, Maryland

19. June 12, 1948
(Date rec'd by registrar) Registrar Christ Boward

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1948 7:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1931 to June 11 1948
and that I last saw him alive on June 9 1948

Immediate cause of death Chanculoma venereum
venereum
DURATION 12 yrs

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____
Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE Paragonis T. B. Jr.
M. D. or other _____
Address Hagerstown, Md. Date signed 6/12/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6594

Reg. Dist. No. 30/

1. PLACE OF DEATH:

County WashingtonCity or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 monthsHospital, institution, or street address where death occurred:
East Church St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Clearspring
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Emma Janna Sanders

3. (b) Social Security Number

None4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife John D. Taylor

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 18728. AGE: Years 75 Months 8 Days 7 It less than one day _____ hrs. _____ min.9. Birthplace Clearspring Wash., Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Housewife12. Name John D. Taylor13. Birthplace Clearspring, Maryland14. Maiden name Alice Morgan15. Birthplace Clearspring, Maryland16. Informant Mrs. Thomas GoeinsAddress Williamsport, Maryland17. Burial Date thereof June 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rosehill CemeteryLocation Hagerstown, Md.18. Funeral director Mrs. Edith V. LeafAddress Williamsport, Maryland.19. June 22 1948 Mrs. L. M. E. E. E.
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948 at 7:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 1947 to June 19 1948and that I last saw him alive on June 17 1948Immediate cause of death Carcinoma of Tongue DURATION 1 year

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

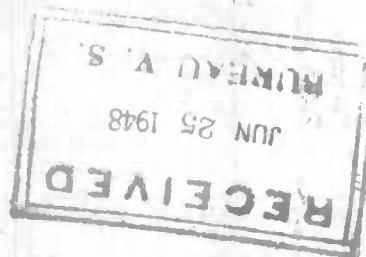
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE David P. Brewer M.D. M. D. or other _____Address Clear Spring Md. Date signed 6/21/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Kniesly

6595

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 35 Years
 Hospital, institution, or street address where death occurred:
721 Summit Ave.
 How long in hospital or institution?..... ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Maryland
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 721 Summit Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME

Mrs Adaline King Sheetz

3. (b) Social Security Number

None

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married
 6. (b) Name of husband or wife..... George H.
 6. (c) If alive, give age..... 85 years
 7. Birth date of deceased (mo., day, yr.)..... March 4, 1861
 8. AGE: Years..... 87 Months..... 3 Days..... 3 It less than one day..... hrs. min.

9. Birthplace..... Huyetts Wash. Co., Md.
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business..... Own Home
 12. Name..... Jerome King
 13. Birthplace..... Cearfoss Md.
 14. Maiden name..... Rachel Shook
 15. Birthplace..... Falling Waters W. Va.
 16. Informant..... Mr. George H. Sheetz
 Address..... Hagerstown Md.

17. Burial Date thereof..... 6/9/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... River View Cemetery
 Location..... Williamsport Md.
 18. Funeral director..... Andrew K. Coffman
 Address..... Hagerstown Md.

19. June 9, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 7, 1948 at 8:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 1940 to..... June 7, 1948
 and that I last saw her alive on..... June 7, 1948

Immediate cause of death..... Chronic valvular heart disease with arteriosclerosis

DURATION
10 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... [Signature] M. D. or otherAddress..... 148 W. Washington Street Date signed..... 6-8-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6596

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County... Hagerstown
 City or town... (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 64 years
 Hospital, institution, or street address where death occurred:
 108 N. Mulberry
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 108 N. Mulberry
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Myrtle Shrader

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Guy B. Shrader
 6. (c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) January 5, 1884
 8. AGE: Years Months Days If less than one day
 64 5 5 hrs. min.
 9. Birthplace Hagerstown Wash. Co. Md.
 (Town, county, and state)
 House Wife
 10. Usual occupation
 11. Industry or business Own Home
 12. Name George W. Greenwalt
 13. Birthplace Near Winchester Va.
 14. Maiden name Lucy P Brown
 15. Birthplace Unknown

16. Informant Guy B. Shrader
 Address Hagerstown Md.
 17. Burial June 14, 1948
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.
 18. Funeral director Scott F. Minnich & Son
 Address Hagerstown Md.
 19. June 12, 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1948, 9:23p M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30, 1948, to June 10, 1948
 and that I last saw him alive on June 10, 1948
 Immediate cause of death Chronic myocarditis
 DURATION 5 years
 Due to
 Due to
 Other conditions Arteriosclerosis
 DURATION 5 years
 (Include pregnancy within 3 months of death)
 Major findings of operations None
 Date of op.
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

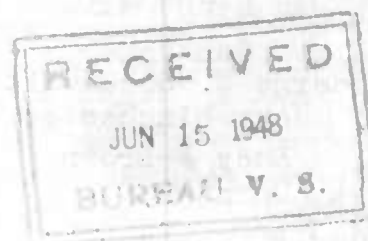
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide None Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE RB Nowent Mo
 Address Hagerstown Md
 M. D. or other
 Date signed June 12, 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

6597

170c

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington Co. HospitalHow long in hospital or institution? 10 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hancock
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name War. _____

3. (a) FULL NAME

John Edward Stottemyer

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.)

Oct. 21, 1930

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

17711

_____ hrs.

_____ min.

9. Birthplace Hancock, Wash. Co., Md.
(Town, county, and state)10. Usual occupation Student

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant Mrs. Grace S. Golden

Address

Hancock, Md.17. Burial June 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director Charles R. Bast

Address

Hancock, Md.19. June 3, 1948 Charles R. Bast
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1948 at 6:45 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____, and that I last saw him _____ alive on _____ 19_____.
Immediate cause of death _____

	DURATION
Due to <u>Fractured skull</u>	
<u>Hemorrhage and shock</u>	
Due to _____	
Due to _____	
Other conditions _____	
(Include pregnancy within 3 months of death)	

Major findings of operations None Date of op. _____Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 6/1/48Where did injury occur? Hancock, Wash. Co., Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where)? Main St., Hancock
Means of injury motor scooter crashed into station wagonInjured at work? NoDEPUTY MEDICAL EXAM. S. Robert Wells WASH. CO., MD.23. SIGNATURE Hagerstown, Md. M. D. number _____Address Hagerstown, Md. Date signed June 1-48

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JUN 7 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164a

6598

CERTIFICATE OF DEATH

Reg. Dist. No. 307

I. PLACE OF DEATH:

County Washington
 City or town Brownsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Brownsville Md.
 How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Brownsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Brownsville Md.
 (If rural, give LOCATION)
 2. (a) If veteran, name war no.

3. (a) FULL NAME

Clyde Austin Wastler

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife Single
 6. (c) If alive, give age Single years
 7. Birth date of deceased (mo., day, yr.) November - 23 - 1896
 8. AGE: Years 51 Months 7 Days 1 If less than one day hrs. min.

9. Birthplace Danland Wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business

FATHER 12. Name Silas Wastler
 13. Birthplace near Myersville Fred. Co. Md.
 MOTHER 14. Maiden name Annie Singler
 15. Birthplace near Middletown Fred. Co. Md.
 16. Informant Mrs. George S. Jennings
 Address Brownsville Md.

17. Burial Date thereof June - 27 - 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Burkittsville Cemetery
 Location Burkittsville Fred. Co. Md.
 18. Funeral director Wm. J. East & Sons
 Address Brownsville Md.

19. June 26 1948 vs Cornelius H. Bastle
 (Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

E. D. T.

20. DATE OF DEATH June 24, 1948 at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948, 1000 a.m. to 1948, 1200 p.m.and that I last saw him alive on 1948, 1200 p.m.

Immediate cause of death (If rural, give LOCATION)

Suffocation by hanging.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date 6/24/48Where did injury occur? Brownsville, Wash. Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Barn on Jenkins's farmMeans of injury Hanged self Injured at work? No23. SIGNATURE W. R. P. & Sons DEPUTY MEDICAL EX.

Hagerstown, Md. WASH. CO. MD.

Address 6/26/48 Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6599

Reg. Dist. No. 302

1. PLACE OF DEATH: County..... <u>Washington</u> City or town..... <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>16 years</u> Hospital, institution, or street address where death occurred: <u>13 N. Mulberry</u> How long in hospital or institution?.....			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Washington</u> City or town..... <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>13 N. Mulberry</u> (If rural, give LOCATION) 2.(a) Is veteran, name war.....		
3. (a) FULL NAME <u>Ada LaPole Weddle</u>			3. (b) Social Security Number <u>214-09-5203a</u>		
4. Sex <u>Female</u>			5. Color or race <u>White</u>		
6. (a) Single, married, widowed, or divorced <u>Married</u>			6. (b) Name of husband or wife <u>Benjamin Weddle</u>		
7. Birth date of deceased (mo., day, yr.) <u>December 16, 1879</u>			5. (c) If alive, give age <u>45</u> years		
8. AGE: Years <u>68</u> Months <u>5</u> Days <u>21</u> If less than one day hrs. min.			9. Birthplace <u>Tilmington Wash Co. Md.</u> (Town, county, and state)		
10. Usual occupation <u>None</u>			11. Industry or business <u>None</u>		
12. Name <u>Henry Mongan</u>			13. Birthplace <u>Tilmington Md.</u>		
14. Maiden name <u>Annie E. Wilkerson</u>			15. Birthplace <u>Wolfsville Md.</u>		
16. Informant <u>Mrs. Myrtle Clayburn</u> Address <u>Hagerstown Md.</u>			17. Burial Date thereof <u>June 9, 1948</u> (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory <u>Luthern Cemetery</u> Location <u>Boonesboro Md.</u> 18. Funeral director <u>Scott F. Minnich & Son</u> Address <u>Hagerstown Md.</u>		
19. (Date rec'd by registrar) <u>June 8 1948</u>			20. DATE OF DEATH <u>June 7 1948</u> at <u>10:55a</u>		
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>4/1/48</u> to <u>6-7-48</u> and that I last saw him alive on <u>6/7/48</u>			Immediate cause of death <u>Carcinoma of Breast</u>		
Other conditions <u>Prothrogenic Carcinoma</u> (Include pregnancy within 3 months of death)			DURATION <u>4 mos</u>		
Major findings of operations Date of op.			Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....			23. SIGNATURE <u>Ada LaPole Weddle</u> M. D. or other <u>Hagerstown, Md.</u> Date signed <u>6/8/48</u>		

RECEIVED

JUN 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6600

112

302

1. PLACE OF DEATH:

County..... **Washington**
 City or town..... **Hagerstown, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **Life**
 Hospital, institution, or street address where death occurred:
1821 Heisterboro Road
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... **Maryland** County..... **Washington**
 City or town..... **Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **1821 Heisterboro Road**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Charles Braddon Wilson

3. (b) Social Security Number

NONE

4. Sex..... **Male** 5. Color or race..... **White** 6.(a) Single, married, widowed, or divorced..... **Single**
 8.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.)..... **July 6, 1936**
 8. AGE: Years..... **11** Months..... **11** Days..... **7** It less than one day..... hrs. min.

9. Birthplace..... **Hagerstown, Wash. Co. Md.**
 (Town, county, and state)
 10. Usual occupation..... **Student**
 11. Industry or business.....

FATHER 12. Name..... **Charles R. Wilson**
 13. Birthplace..... **Hagerstown, Maryland**
 MOTHER 14. Maiden name..... **Ella Drury**
 15. Birthplace..... **Hagerstown, Maryland**

16. Informant..... **Charles R. Wilson**
 Address..... **Hagerstown, Maryland**
 17. Burial..... **Burial** Date thereof..... **7-2-48**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... **Rose Hill Cemetery**
Hagerstown, Maryland
 Location.....
 18. Funeral director..... **C. M. Suter & Sons**
 Address..... **Hagerstown, Maryland**

19. **July 2, 1948** Registrar
 Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **June 29, 1948** at **7:30 P.M.**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 22, 1947, to **10-22-47**
 and that I last saw him alive on **10-28-47**

Immediate cause of death..... **Bronchial Asthma** DURATION..... **9 yrs**

Due to.....
 Due to.....

Other conditions..... **Emphysema, Pulmonary** 6 yrs
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... **Salmon M. Wietz** M. D. or other
 Address..... **998 L. L. Mac Lane - Hagerstown** Date signed..... **7-1-48**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1948
BUREAU V. S.